

U.S. Postal ServiceTM

CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com[®].

MARYLAND HEIGHTS, MO 63043

Certified Mail Fee

\$3.50

\$

\$2.80

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$

\$0.00

☐ Return Receipt (electronic)

\$

\$0.00

☐ Certified Mail Restricted Delivery

\$

\$0.00

☐ Adult Signature Required

\$

\$0.00

☐ Adult Signature Restricted Delivery

\$

\$0.00

Postage

\$0.55

\$

Total Postage and Fees

\$6.85

\$

Sent To

Medicredit INC

Street and Apt. No., or PO Box No.

PO Box 1629

City, State, ZIP+4[®]

Maryland Heights MO 63043-0629

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0700 0000 2340 4304

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MEDICREDIT, INC.
PO BOX 1629
MARYLAND HEIGHTS, MO
63043-0629



9590 9403 0424 5163 6644 13

2. Article Number (Transfer from service label)

7015 1660 0000 5967 4652

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

ed Mail

ed Mail Restricted Delivery

(\$500)

ST LOUIS
UNITED STATES POSTAL SERVICE

NOV 30
20 JUL '19

PM 9 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

: Kent-William: Hubbard
%: N981 County Road E
Reeseville Wisconsin
[53579]

USPS TRACKING#



9590 9403 0424 5163 6644 13

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MEIDICREDIT INC
PO BOX 1629
MARYLAND HEIGHTS, MO
63043-0629



9590 9402 4782 8344 3959 08

2. Article Number (Transfer from service label)

7015 1660 000 5967 4263

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

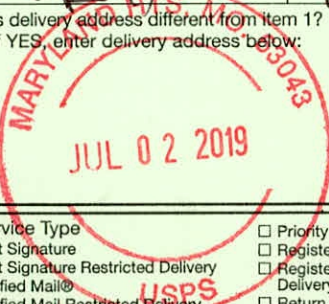
B. Received by (Printed Name)

mtv

C. Date of Delivery

7/11/19

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



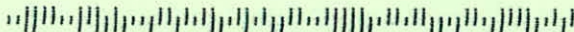
9590 9402 4782 8344 3959 08

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Kent W. Hubbard
N981 County Rd G
Reeseville WI
53579



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MEDICREDIT INC.
PO BOX 1629
MARYLAND HEIGHTS, MO
63043-0629



9590 9402 4306 8190 9663 18

2. Article Number (Transfer from service label)

4680 04E2 0000 0020 6702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 4306 8190 9663 18

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

KENT WILLIAM HUBBARD
% N981 COUNTY ROAD G
REESEVILLE, WISCONSIN
53579

